SUMMARY SHEET

	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial	5,750,000	12.2%
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety	· · · · · · · · · · · · · · · · · · ·	
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other	·	
	Line of Insurance		
	iling only apply to certain territory (te les to Limousine and Social Service c	erritories) or certain classes? If so, specify:	

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

American Country Insurance Co.

Name of Company

Steve LeHew - Compliance Analyst
Official - Title

Form	(RF-3)	SUMMA	RY SHEET 10/1/05
Change	e in Company's premium or rate level	produced by rate revision effect	, -
	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability Private Passenger	, crame (minoto)	
2.	Commercial Automobile Physical Damage Private Passenger	\$4,340	-8.0%
3.	Commercial Liability Other Than Auto	\$1,563	-8.3%
4.	Burglary and Theft	₹ ₩	
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire	***************************************	
10.	Extended Coverage		<u> </u>
11.	Inland Marine		
12.	Homeowners	· · · · ·	
13. 14.	Commercial Multi-Peril Crop Hail		
15.	Other		
	Line of Insurance		
Does t	filing only apply to certain territory (t	erritories) or certain classes? If	so, specify:
	description of filing. (If filing follow ption of ISO Advisory Loss Cost Rev		on, specify organization):
** C	djusted to reflect all prior rate change hange in Company's premium level w sult from application of new rates.		
			American Fuji Fire & Marine Insurance Company
		_	Name of Company
Filing	ID: AF-CA-IL-5-2172-LC		Joel Walcott - Vice President
			Official - Title

	revision effective	October 1, 2005	
	(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent <u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger	\$3,584,415	-8.1% (Liab & PD)
^	Commercial Automobile Physical Damage	Ψ0,004,410	
2.	Private Passenger		
	Commercial	\$144,434	-8.1% (Liab & PD)
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		<u> </u>
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		
	s Filing only apply to certain territonses? If so, specify:	ory (territories) or certain	
Brie	f description of filing. (If filing follounization, specify organization):	ows rates of an advisory Adoption of ISO's Revised Con	nmercial Auto
5-	, , ,	Advisory Prospective Loss Cos	sts

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

APR 2 9 2005

SPRINGFIELD, ILLINOIS

Arch Insurance Company

Name of Company

Carol Kennedy - Vice President

Official - Title

	Change in Company's premium revision effective October		ced by rate
	(1)	(2)	(3)
	(1)	Annual Premium	Percent
	<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)**
	<u>Coverage</u>	volume (IIIImois)	change (+ or _ /
1.	Automobile Liability		
- •	Private Passenger		
	Commercial	Ō	-8.1
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial	0	-8.1
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
	Crop Hail		
15.	Other		
	Line of Insurance		
	filing only apply to certain ses?: If so, specify:	territory (territor: No	ies) or certain
orga	f description of filing. (If nization, specify organization, dopt ISO's revised loss costs	n) <u>: </u>	s of an advisory

* Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will

result from application of new rates.

SPRINGFIELD, ILLINOIS

AXA Corporate Solutions Ins. Co. Name of Company

Sr. Vice Pres. Official Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 10/1/2005

	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1.	Automobile Liability Private		
	Passenger Commercial	545,893	-8.0%
2.	Automobile Physical Damage		
	Private Passenger Commercial	56,757	-8.3%
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners	· · · · · · · · · · · · · · · · · · ·	
13.	Commercial Multi-Peril		
14.	Crop Hail		
	Other		
	Line of Insurance	***************************************	
Doe	es filing only apply to certain territory (territories) or certain classes? If so, specify:	***************************************
	ef description of filing. (If filing follows tion of ISO filing designation # CA-2005-BRLA1	rates of an advisory organization, specify org	ganization):
	justed to reflect all prior rate changes.	hich will result from application of new rates.	To the state of th
Ü	nango in company s premium level w		
		Crum & Forster Indemnity Com	
		Nai	me of Company
		Ruth A. Overholser, Regulatory	Compliance Analyst

APR 1 8 2005

SPRINGFIELD, ILLINOIS

Official -- Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produ	uced by rate revision effective	06/01/05
(1)	(2)	(3)
(1)	Annual Premium	Percent
Coverage	Volume (Illinois)*	Change (+ or -)**
<u></u>	<u></u>	onango (
Automobile Liability Private		
Passenger Commercial	1,230,550	-0.3%
Automobile Physical Damage		
Private Passenger Commercial	327,074	10.1%
3. Liability Other Than Auto		
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
Line of Insurance		
Does filing only apply to certain territory (territories		ecify:
No, this filing applies to all classes on a statewide	basis.	
		-
Brief description of filing. (If filing follows rates of		ify organization):
Revised multipliers to apply to ISO loss costs in C		
Revised territory definitions to be same as ISO in	CA-2004-RTER1	
*Adjusted to reflect all prior rate changes.		
**Change in Company's premium level which will	result from application of new r	ates.
	Employe	rs Mutual Casualty Company
		Name of Company
	Des Courtes	annung Annistant Visa D
	Don Cougner	nnower - Assistant Vice President
		Official - Title

Page 1 of 1 Edition 08/01/95

(Change in Company's premium or rate l	evel produced by rate revision effe	ctive 04/01/05
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial	491,986	2.16%
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		
	iling only apply to certain territory (terr	itories) or certain classes? If so, sp	ecify:
No			
Brief	description of filing. (If filing follows ra	ates of an advisory organization, sp	ecify organization):
Revise	d Harco National Insurance Company's	Truckers Tiered Zone Libbanick	ites
		DIVISION OF INSUMANCE STATE OF ILLINOIS/IDEPR STATE OF ILLINOIS/IDEPR	
	djusted to reflect all prior rate changes.	RECE	1
	hange in Company's premium level which	1 m 000E	
re	sult from application of new rates.	APR 7 ZUUS	1
			. 1
		SPRINGFIELD, ILLINOIS	3
		SPHINGHE	Harco National Insurance Company
			Name of Company
			Lim Praithach Commission
			Jim Breitbach - Compliance Technical Specialist
		-	Official - Title
			Official - True

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level production	luced by rate revision effective	06/01/05
44)	(0)	(0)
(1)	(2)	(3)
Cavanaa	Annual Premium	Percent
<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial	3, 44 8,113	-0.3%
2. Automobile Physical Damage		
Private Passenger Commercial	939,314	-10.1%
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		<u> </u>
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		· · · · · · · · · · · · · · · · · · ·
15. Other		
Line of Insurance		
Does filing only apply to certain territory (territorie		ecify:
No, this filing applies to all classes on a statewide	e basis.	
Brief description of filing. (If filing follows rates of		ify organization):
Revised multipliers to apply to ISO loss costs in C		
Revised territory definitions to be same as ISO in	CA-2004-RTER1	
*Adjusted to reflect all prior rate changes.		
**Change in Company's premium level which will	result from application of new i	rates.
	110: t- -	
	IIIINOIS E	mcasco Insurance Company
		Name of Company
	Don Coucho	anower Assistant Vice Desident
	Don Cougner	nnower - Assistant Vice President Official - Title
		Official - Title

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§ 754. Exhibit A Summary sheet (Form RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 8/15/2005

(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Life of Insurance	6,116.	+14.8%
Does filing only apply to certain territory	(territories) or certain c	lasses? If so, specify:

Brief description of filing (If filing follows rates of an advisory organization, specify organization): increase loss cost multipliers and increase primary factors for commercial truck liablity classes

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.



Iowa American Insurance Company
Name of Company

§ 754. Exhibit A Summary sheet (Form RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 8/15/2005

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**		,	<i>'</i>
 Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft 	619,113. 265,635.	+14.8%		,	
 Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Life of Insurance					
Does filing only apply to certain territory Brief description of filing. (If filing follo organization): Truck liability classes		.,	factors	" for	commen
*Adjusted to reflect all prior rate change **Change in Company's premium level w		ication of new rates.			•

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

APR 1 8 2005

SPRINGFIELD, ILLINOIS

Iowa Mutual Insurance Company

Name of Company

Change in Company's revision effective	s premium or rate level produced by $-\frac{10-7-05}{2}$.	rate
(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	<pre>Volume (Illinois) *</pre>	<u>Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial	7595746	-8.1
2. Automobile Physical Da Private Passenger Commercial		-8.1
3. Liability Other Than A 4. Burglary and Theft		
5. Glass 6. Fidelity		
7. Surety 8. Boiler and Machinery		
9. Fire		
10. Extended Coverage 11. Inland Marine	44-00	
12. Homeowners 13. Commercial Multi-Peril		
14. Crop Hail 15. Other		
Line of Insura	ance	
Does filing only apply to If so, specify: No	certain territory (territories)or	certain classes?
Brief description of filir organization, specify orga CA-2005-BRLA1, CA-2005-RCE	ng. (If filing follows rates of an anization): Adopt ISO loss cost, 1	advisory rule filings
* Adjusted to reflect all ** Change in Company's pre- result from application	emium level which will	
_	National Casualty Co	
	Name of Company	У
_	Bob Sandblom, Filings Ar Official - Titl	nalyst II e
Н29219D	DIVISION	
	STATE OF ILLI	NOIS/IDFPR
	APR 2:	and the state of t
	SPRINGFIELD,	
	Marie D,	INSO0106

	05 Renewal Business	,_,	10:
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability		
2.	Private Passenger Commercial Automobile Physical Damage	21,739,666	0
	Private Passenger Commercial	9,261,520	0
3.	Liability Other Than Auto	265,285	0
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		<u></u>
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other	<u> </u>	
	Line of Insurance		
	filing only apply to certain territory (ter	ritories) or certain classes? If so, s	pecify:
Does		,	,
No.	description of filing. (If filing follows rat		ecify organization):
No. Brief		tes of an advisory organization, spe	
No. Brief	description of filing. (If filing follows rat	tes of an advisory organization, spe	
No. Brief	description of filing. (If filing follows rate and rate adding Credit Based Insurar	tes of an advisory organization, spe nce Score, no rate effect since this	
No. Brief	description of filing. (If filing follows rate and rate adding Credit Based Insurar Adjusted to reflect all prior rate change	tes of an advisory organization, speces Score, no rate effect since this	
No. Brief	description of filing. (If filing follows rate and rate adding Credit Based Insurar	tes of an advisory organization, speces Score, no rate effect since this	
No. Brief	description of filing. (If filing follows rate and rate adding Credit Based Insurar Adjusted to reflect all prior rate change Change in Company's premium level	tes of an advisory organization, speces Score, no rate effect since this	
No. Brief	description of filing. (If filing follows rate and rate adding Credit Based Insurar Adjusted to reflect all prior rate change Change in Company's premium level	tes of an advisory organization, spe ace Score, no rate effect since this ges. which will	is a new debit or credit.
No. Brief	description of filing. (If filing follows rate and rate adding Credit Based Insurar Adjusted to reflect all prior rate change Change in Company's premium level	tes of an advisory organization, spe nce Score, no rate effect since this ges. which will Northland Insuranc	is a new debit or credit.
No. Brief	description of filing. (If filing follows rate and rate adding Credit Based Insurar Adjusted to reflect all prior rate change Change in Company's premium level	tes of an advisory organization, species Score, no rate effect since this ges. which will Northland Insurance	is a new debit or credit. e Company Name of Company
No. Brief	description of filing. (If filing follows rate and rate adding Credit Based Insurar Adjusted to reflect all prior rate change Change in Company's premium level	tes of an advisory organization, spece Score, no rate effect since this ges. Which will Northland Insurance Debbie C. Schmid	is a new debit or credit. e Company Name of Company

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 10/1/2005

	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1.	Automobile Liability Private		
	Passenger Commercial	3,664	-8.0%
2.	Automobile Physical Damage Private Passenger Commercial	0	-8.3%
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
	Extended Coverage		
11.	Inland Marine		
	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		
Brie		territories) or certain classes? If so, specify:	ganization):
	<u> </u>	· · · · · · · · · · · · · · · · · · ·	··· <u>·</u> ·····
	usted to reflect all prior rate changes ange in Company's premium level w	hich will result from application of new rates.	
		The North River Insurance Con	nnany
			ame of Company
		Ruth A Overholser Regulation	r Compliance Analyst



Official - Title

(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois) *	Change (+ or -)**
1. Automobile Liability		
Private Passenger Commercial	3445993	0.6%
2. Automobile Physical Damage		
Private Passenger		
Commercial	610269	0.0%
3. Liability Other Than Auto		
4. Burglary and Theft 5. Glass	•	
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail	Attany	
15. Other Line of Insurance		
Does filing only apply to certain If so, specify: We are proposing	territory (territories)or to increase the base rate	certain classes? e for intermediate
liability by 6%.		
Brief description of filing. (If organization, specify organization)		
Brief description of filing. (If	n): Due to poor loss expe	erience, we are
Brief description of filing. (If organization	n): Due to poor loss expe	erience, we are
Brief description of filing. (If organization	n): Due to poor loss expendiate liability base rates cate changes. rel which will	erience, we are
Brief description of filing. (If organization, specify organization proposing to increase the intermed * Adjusted to reflect all prior r ** Change in Company's premium lever result from application of new	n): Due to poor loss expendiate liability base rates rate changes. rel which will rates. ry Select Insurance Compan Program/Non-Passe	ny - Motor Carrier
Brief description of filing. (If organization, specify organization proposing to increase the intermed * Adjusted to reflect all prior r ** Change in Company's premium lever result from application of new	n): Due to poor loss expediate liability base rates rate changes. rel which will rates. ry Select Insurance Compan	ny - Motor Carrier
Brief description of filing. (If organization, specify organization proposing to increase the intermed * Adjusted to reflect all prior r ** Change in Company's premium lev result from application of new	n): Due to poor loss expendiate liability base rates rate changes. rel which will rates. ry Select Insurance Compan Program/Non-Passe	ny - Motor Carrier

SUMMARY SHEET

(Change in Company's premium or rate	e level produced by rate revision effective	4-23-2005
	(1)	(2)	(3)
		Annual Premium	Percent
	Coverage	Volume (Illinois)*	Change $(+ \text{ or } -)^{**}$
1.	Automobile Liability		
	Private Passenger		
	Commercial	189,170	+22%
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial	171,370	+0%
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		
	-1	in in New years also and I for a section	
	iling only apply to certain territory (te	erritories) or certain classes? If so, specify:	
no			
D-'-£	Annalistics of filing (If filing f-1)	rates of an advisory promination, specify	organization):
	description of filing. (If filing follows and BI/PD base rates and rate class factors.)	s rates of an advisory organization, specify of	ngamzanon).
Kevise	TO DIFF D base rates and rate class raci	1015.	

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEIVED

APR 4 2005

SPRINGFIELD, ILLINOIS

Shelter General Insurance Company
Name of Company

Brian Marcks, Coord Ins Dept Affairs

Official - Title

10/1/05

Change	in Company's premium or rate level p	produced by rate revision effective	<u>-5/1/2005</u>
	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability Private Passenger		
2.	Commercial Automobile Physical Damage Private Passenger	\$73,127.00	-8.0%
3.	Commercial Liability Other Than Auto	\$10,110.00	-8.3%
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity	449	
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13. 14.	Commercial Multi-Peril Crop Hail		
15.	Other		
Does 1	Line of Insurance	erritories) or certain classes? If so, specify	:
Brief Adoj	description of filing. (If filing follows ption of ISO Advisory Loss Cost Rev	rates of an advisory organization, specify ision CA-2005-BRLA1	organization):
** C	djusted to reflect all prior rate change hange in Company's premium level we sult from application of new rates.	s. hich will	

State National Insurance Company, Inc.
Name of Company

Filing ID: SN-CA-IL-5-2172-LC

Joel Walcott - Vice President
Official - Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 10/1/2005

	-8.0%			
	-8.0%			
40.00				
	-8.3%			
				
Does filing only apply to certain territory (territories) or certain classes? If so, specify:				
Brief description of filing. (If filing follows rates of an advisory organization, specify organization):				
	s) or certain classes? If so, specify: an advisory organization, specify orga			

United States Fire Insurance Company

Name of Company

Ruth A. Overholser, Regulatory Compliance Analyst

Official - Title

